



ESSEX NORTH SHORE

AGRICULTURAL & TECHNICAL SCHOOL DISTRICT

562 Maple Street | Danvers, MA 01923 | (978) 304-4700 | www.essexnorthshore.org

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUB-CONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Essex North Shore Agricultural & Technical School District is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Essex North Shore Agricultural & Technical School District to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Essex North Shore Agricultural & Technical School District written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Essex North Shore Agricultural & Technical School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Essex North Shore Agricultural & Technical School District must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

SIGNATURE: _____

DATE: _____



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SUBJECT INFORMATION: *(An asterisk (*) denotes a required field)*

**Last Name* **First Name* *Middle Name* *Suffix*

Maiden Name (or other name(s) by which you have been known)

**Date of Birth*

**Place of Birth*

**Last Six Digits of Your Social Security Number:* _____ - _____

Sex: ____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current Address - Street Number & Name

City/Town

State Zip

Former Address - Street Number & Name

City/Town

State Zip

The above information was verified by reviewing the following form(s)
of government-issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee